

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048039

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301

Primary Registration District No.

Registrar's No. 96

STATE FILE NUMBER

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

Ripley

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Doniphan

Length of stay in lb

1 Hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Ripley Co. Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ripley

Inside Limits

Yes ☐ No ☐

c. CITY

Briar

OR TOWN

d. STREET ADDRESS

(If outside, give location)

26 mi. W. of Doniphan

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

Milburn

Bridges

4. DATE OF DEATH

Month

Day

Year

Nov. 30, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 31, 1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Ripley County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Johnson Bridges

13b. MOTHER'S MAIDEN NAME

Josephine Gibson

14. NAME OF HUSBAND OR WIFE

Ella Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ella Bridges, Briar, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Rupture of External Jugular Vein

30 min.

DUE TO (c)

Open wound of Neck

3 mon.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Metastatic Cancer Hard Palate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-15-61 to 11-30-62 and last saw him alive on 11-30-62

Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Tom R. Burcham, Jr., M.D.

22b. ADDRESS

Doniphan, Mo.

22c. DATE SIGNED

12-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec. 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

Big Barren Cemetery

23d. LOCATION (City, town, or county)

Ripley County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ray Means, Doniphan, Missouri

25. DATE RECD. BY LOCAL REG.

12-3-62

26. REGISTRAR'S SIGNATURE

Flava Briz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ray Meamer

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.